

ALLEVYN Life in the treatment of dehiscence wound

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Ten days following surgery of a total hip replacement (THR) this 70-year-old patient's suture line was continuously leaking large volumes of haemoserous ooze through a 2cm dehiscence at the distal wound edge after staples removal (Figs 1 and 2). There was a small area of peri-wound bruising and the patient was still receiving intramuscular anticoagulant therapy. Her pain was under control and she was mobilising well with crutches.

Day eight after surgery the patient had woken to find a soaked dressing, which had leaked through to the bedding. The wound was redressed with a low-adherent pad and OPSITE[®] Post-Op. Overnight the patient's husband changed this twice. The following day a thicker, more absorbent dressing and OpSite Postop was used, but the patient reported these were bulky, especially when full of exudate.

On day 10 oral antibiotics commenced and the wound was dressed with a hydrofibre and film dressing. This required frequent changing due to the dressing leaking and resulted in epidermal stripping.



Fig 1. Low adherent dressing and OPSITE film *in-situ*



Fig 2. Wound showing small dehiscence at distal end and heavily soaked dressing



Fig 3. Day 11 ALLEVYN Life *in-situ*

On day 11 ALLEVYN® Life was applied. (Fig 3) The patient reported that the dressing contained the exudate well. Three days later ALLEVYN Life remained comfortable and in position, it was not bulky and there was no leakage. The surgeon was impressed with the shape of the dressing, and the protection/padding over the hip suture line. The exudate had settled and the wound was progressing towards healing with the dehiscence sealed over. The surgeon redressed the wound with ALLEVYN Life.

ALLEVYN Life made an immediate difference to this lady's comfort and wellbeing. It increased her confidence in the management of her wound by effectively containing the exudate. ALLEVYN Life reduced the frequency of dressing changes from two to three times a day, to once every three days, allowing her to continue her rehabilitation uninterrupted by wet dressings.



Fig 4.